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National HMO Census 1980

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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NATIONAL HMO CENSUS OF PREPAID PLANS

June 30, 1980

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NATIONAL HMO CENSUS OF PREPAID PLANS - JUNE 1980

Introduction

The National HMO Census of Prepaid Plans was conducted by the Office of Health Maintenance Organizations (OHMO) to cover the period July 1, 1979 - June 30, 1980. In July 1980, a three-page questionnaire was mailed to each operating Prepaid Health Care Plan (see definition in Appendix II). The information requested from the Plans included plan characteristics (model type, operational date, premium rate, tax status) and enrollment and utilization data for the year. Some of the Plans could not provide these data as of June 30, 1980 and are appropriately footnoted in the Census report.

The list of operating Prepaid Health Care Plans was compiled by using in-house materials and then verified with the HMO Regional Offices, national HMO associations, and other HMO industry groups.

Census questionnaires were sent to 236 operating plans. However, not all of these questionnaires were filled out completely. There were different response rates for the different questions asked in the questionnaire. The response rate for membership, length of time operational and type of model statistics was 100%. Premium information was reported by 175 or 74.2% of the plans. Hospital utilization information was reported by 200 or 84.7% of the plans. Physician encounter information was reported by 157 or 66.5% of the plans. Total encounter information was reported by 164 or 69.5% of the plans.

The definitions of the terms used in the Census are included in Appendix II of this report.

Analysis

This current Census (June 30, 1980) reports 236 prepaid plans in the United States with a total enrollment of 9,099,858. Since 1974, the total number of prepaid plans reported by the OHMO Censuses has increased by 66% and total enrollment has increased by 72%. These numbers reflect the following annual statistics:

	Number of Prepaid Plans	Rate of Growth	Enrollment	Rate of Growth
June 1974	142		5.3 million	
June 1975	178	18.3%	5.7 million	7.5%
June 1976	175	-1.6%	6.0 million	5.2%
June 1977	165	-5.7%	6.3 million	5.0%
June 1978	198	20.0%	7.3 million	15.8%
June 1979	215	8.6 %	8.2 million	12.3%
June 1980	236	9.8%	9.1 million	10.9%

As can be seen from these figures, the number of operational plans during the 1976 - 1977 period decreased by 5.7%.*

*The decrease in the number of prepaid plans from 1976-1977 reflects the de-licensure of many California Prepaid Health Plans.

Tables 1 - 5 of the June 30, 1980 Census show the number of prepaid plans and total enrollment by plan size groupings, plan age groupings, type of practice, federal qualifications status and State. Table 1 indicates that 61.0% of all plans are in the 1 - 14,999 size category with 9.6% of the total membership; 27.1% are in the 15,000 - 49,999 size category with 18.0% of the total membership; 6.4% are in the 50,000 - 99,999 size category with 10.7% of the total membership; and 5.5% are in the 100,000 or more members category with 61.7% of the total membership. The seven Kaiser plans (Northern California, Southern California, Colorado, Oregon, Hawaii, Ohio and Washington, D.C.) have all been operational for seven or more years and make up 69% of the membership in the last size category (100,000 or more members) and 42.6% of the total HMO membership.

The age groupings in Table 2 show that the majority of the plans (88.6%) are less than 10 years old, but only have 34.4% of the total HMO membership.

There is a fairly even distribution of HMOs over the various HMO model types. Of all plans, 26.7% are staff models, 32.2% are group models, and 41.1% are IPAs. Thus, the percentage of staff and group models decreased slightly since last year, whereas the percentage of IPA models grew by 4.4%. This rearrangement reflects a significant advance in the number of IPAs, from 79 to 97. In other words, IPAs are responsible for almost all of the growth in the total number of HMOs since last year. Membership in the group models, however, is much larger than the other two types of HMOs. The group models have 63.0% of the total membership, the IPAs have 18.6% and the staff models have 18.4%.

Nearly one-half (48.7%) of the HMOs in the country are federally qualified and have 70.0% of the total membership. A breakdown of the number of HMOs and enrollment by State is shown in Table 5. There is at least one HMO in each of 37 States plus the District of Columbia and Guam; 30 States and the District of Columbia have two or more HMOs and ten states have ten or more HMOs. The distribution of HMOs by the four major regions reveals the following:

-58.8% of the total membership and 27.1% of all plans are in the West. California has 43.8% of all membership.

-18.2% of the total membership and 30.5% of all plans are in the North Central States.

-16.9% of the total membership and 23.3% of all plans are in the North East.

-6.9% of the total membership and 19.1% of all plans are in the South.

The number of HMOs and the average family premium* are displayed in Tables 6-10. The average family premium per month for all plans reporting this information is $120.30. The same figure reported in last year's Census was $112.32, so the increase from 1979 to 1980 is just over 7 percent. The overall cost of medical care services, nationwide, however, grew by about 10 percent in the same period, as reported in the medical care breakdown of the Consumer Price Index. The IPA-model HMOs have a higher average family premium as compared to the group and staff models, but the difference between the premium for the federally qualified HMOs and that for non-qualified plans is only $1.56. This slight gap has closed since last year, when the premium for federally

*This premium data is for the most comprehensive high option benefit package offered by the plans.

qualified plans was higher by just $1.89. Nineteen States and Guam have average family premiums that are lower than the average for all plans, while 16 States and the District of Columbia have average family premiums that are higher than the average for all plans. Maine is the lowest with an average family premium of $82.63 per month and New Mexico is the highest with an average family premium of $146.50 per month. Inpatient hospital utilization statistics are shown in Tables 11 - 15. The overall inpatient utilization rate for all plans reporting this information is 418 days per 1,000 members per year. The inpatient utilization rate was 449 days in the 1976 Census; 488 days in the 1977 Census; and 408 days in the 1978 Census; and 412 days in the 1979 Census.

The larger and more mature plans tend to have hospital utilization rates that are lower than the average for all plans, as indicated by Tables 11 and 12. The group model HMOs have the lowest hospital utilization rate at 402 days with the staff models only slightly higher at 418 days. The IPAs are the highest at 491 days. The federally qualified HMOs have a lower hospital utilization rate, 406 days, as compared to the HMOs that are not federally qualified, 469 days. In all cases, these figures for HMOs are lower by far than those for members of traditional health insurance plans. Blue Cross/Blue Shield, for instance, reported a 1980 inpatient hospital utilization rate of 725 days per thousand members. These rates, especially that for HMOs, are far lower than the overall national average hospitalization rate, which is 1,631, as reported by the American Hospital Association.

Ambulatory care statistics (physician encounters per member per year and total encounters per member per year) are displayed in Tables 16 - 23. The average total encounter rate for all plans reporting this information is 4.3. The average physician encounter rate for all plans reporting this information is 3.3. In general, the older plans have lower physician encounter rates, in that this rate is at its highest during the first year plans are in operation, and then the rate more or less levels off. The same was true last year, although overall physician encounter rates last year were slightly higher (by .1 encounter).

Table 26 contains a listing of each HMO by name and location, showing membership statistics, hospital utilization rate, physician encounter rate, length of time operational, and model type. Table 27 is an aggregate listing by State of the number of prepaid plans, the number of federally qualified HMOs, and membership by specific categories.

A map showing the location of the operating Prepaid Plans is included in Appendix III. A graph showing growth in Prepaid Plan enrollment from 1970-1980 and a graph showing growth in the number of Prepaid Plans from 1970-1980 are also included in Appendix III.

TABLE 1: NUMBER OF PREPAID HEALTH PLANS
AND TOTAL PREPAID ENROLLMENT
BY SIZE OF PLAN - JUNE 30, 1980

PREPAID PLAN SIZE GROUPINGS	NUMBER OF PLANS	1980 MEMBERSHIP
ALL PLANS	236	9,099,858
1 - 4,999	60	125,193
5,000 - 14,999	84	744,979
15,000 - 24,999	36	731,862
25,000 - 49,999	28	907,270
50,000 - 99,999	15	975,619
100,000 OR MORE	13	5,614,935

TABLE 2: NUMBER OF PREPAID HEALTH PLANS
AND TOTAL PREPAID ENROLLMENT
BY AGE OF PLAN - JUNE 30, 1980

PREPAID PLAN AGE GROUPINGS	NUMBER OF PLANS	1980 MEMBERSHIP
ALL PLANS	236	9,099,858
LESS THAN 1 YEAR	27	72,523
1 - 2 YEARS	59	579,149
3 - 5 YEARS	58	962,387
6 - 9 YEARS	65	1,516,138
10 OR MORE YEARS	27	5,969,661

TABLE 3: NUMBER OF PREPAID HEALTH PLANS
AND TOTAL PREPAID ENROLLMENT
BY TYPE OF PRACTICE - JUNE 30, 1980

TYPE OF PRACTICE	NUMBER OF PLANS	1980 MEMBERSHIP
ALL PLANS	236	9,099,858
STAFF	63	1,673,401
GROUP	76	5,732,255
IPA	97	1,694,202

TABLE 4: NUMBER OF PREPAID HEALTH PLANS
AND TOTAL PREPAID ENROLLMENT
BY FEDERAL QUALIFICATION STATUS
JUNE 30, 1980

FEDERAL QUALIFICATION STATUS	NUMBER OF PLANS	1980 MEMBERSHIP
ALL PLANS	236	9,099,858
FEDERALLY QUALIFIED	115	6,330,153
NOT FEDERALLY QUALIFIED	121	2,769,705

NOTE: THERE WERE 111 FEDERALLY QUALIFIED HMOS AS OF JUNE 30, 1980.
THE NUMBER 115 FEDERALLY QUALIFIED HMOS APPEARS DUE TO THE FACT
THAT THE KAISER FOUNDATION HEALTH PLANS ARE COUNTED AS 6 HMOS
INSTEAD OF 4 AND FAMILY HEALTH PROGRAM-LONG BEACH,GUAM,UTAH
ARE COUNTED AS 3 HMOS INSTEAD OF 1 IN THE 1980 CENSUS TABULATION.

TABLE 5: NUMBER OF PREPAID HEALTH PLANS
AND TOTAL PREPAID ENROLLMENT
BY STATE - JUNE 30, 1980

STATE	NUMBER OF PLANS	1980 MEMBERSHIP
ALL PLANS	236	9,099,858
ALABAMA	1	1,359
ARIZONA	4	163,750
CALIFORNIA	32	3,987,389
COLORADO	6	197,965
CONNECTICUT	7	74,751
DISTRICT OF COLUMBIA	3	186,102
FLORIDA	8	145,934
GEORGIA	2	3,034
HAWAII	2	147,218
IDAHO	1	11,381
ILLINOIS	13	220,168
INDIANA	2	27,784
IOWA	1	6,200
KENTUCKY	4	33,635
LOUISIANA	3	23,682
MAINE	2	4,670
MARYLAND	11	85,931
MASSACHUSETTS	10	167,935
MICHIGAN	10	222,316
MINNESOTA	10	405,495
MISSOURI	5	111,048
NEBRASKA	2	16,885
NEW HAMPSHIRE	1	11,185
NEW JERSEY	9	147,487
NEW MEXICO	2	18,527
NEW YORK	12	964,404
NORTH CAROLINA	1	33,819
NORTH DAKOTA	1	2,803
OHIO	12	242,508
OREGON	7	316,951
PENNSYLVANIA	10	136,960
RHODE ISLAND	4	34,918
SOUTH CAROLINA	1	5,654
TEXAS	8	90,867
UTAH	2	27,928
WASHINGTON	7	387,767
WEST VIRGINIA	3	13,667
WISCONSIN	16	397,856
GUAM	1	21,925

TABLE 6: NUMBER OF PREPAID HEALTH PLANS
AND 1980 FAMILY PREMIUM
BY SIZE OF PLAN - JUNE 30, 1980

PREPAID PLAN SIZE GROUPINGS	NUMBER OF PLANS	AVERAGE 1980 FAMILY PREMIUMS	MINIMUM FAMILY PREMIUM	MAXIMUM FAMILY PREMIUM	MEDIAN FAMILY PREMIUM
ALL PLANS	175	$120.30	$68.00	$161.54	$121.42
1 - 4,999	43	114.13	73.96	148.79	118.00
5,000 - 14,999	55	124.53	82.65	161.54	124.00
15,000 - 24,999	29	119.30	68.00	152.64	121.80
25,000 - 49,999	24	120.79	90.17	148.56	118.25
50,000 - 99,999	12	125.51	98.97	146.30	126.20
100,000 OR MORE	12	119.21	94.49	154.70	117.55

NOTE: THIS TABLE INCLUDES ONLY THOSE PLANS THAT REPORTED PREMIUM INFORMATION IN THE 1980 CENSUS

TABLE 7: NUMBER OF PREPAID HEALTH PLANS
AND 1980 FAMILY PREMIUM
BY AGE OF PLAN - JUNE 30, 1980

PREPAID PLAN AGE GROUPINGS	NUMBER OF PLANS	AVERAGE 1980 FAMILY PREMIUMS	MINIMUM FAMILY PREMIUM	MAXIMUM FAMILY PREMIUM	MEDIAN FAMILY PREMIUM
ALL PLANS	175	$120.30	$68.00	$161.54	$121.42
LESS THAN 1 YEAR	18	112.91	73.96	139.94	118.22
1 - 2 YEARS	43	122.04	77.07	160.32	122.40
3 - 5 YEARS	46	118.48	84.81	159.56	117.78
6 - 9 YEARS	49	122.73	68.00	161.54	124.00
10 OR MORE YEARS	19	121.46	94.49	154.70	120.93

NOTE: THIS TABLE INCLUDES ONLY THOSE PLANS THAT REPORTED PREMIUM INFORMATION IN THE 1980 CENSUS

TABLE 8: NUMBER OF PREPAID HEALTH PLANS
AND 1980 FAMILY PREMIUM
BY TYPE OF PRACTICE - JUNE 30, 1980

TYPE OF PRACTICE	NUMBER OF PLANS	AVERAGE 1980 FAMILY PREMIUMS	MINIMUM FAMILY PREMIUM	MAXIMUM FAMILY PREMIUM	MEDIAN FAMILY PREMIUM
ALL PLANS	175	$120.30	$68.00	$161.54	$121.42
STAFF	49	119.26	68.00	160.32	119.20
GROUP	57	113.49	73.96	158.00	113.50
IPA	69	126.66	80.45	161.54	129.92

NOTE: THIS TABLE INCLUDES ONLY THOSE PLANS THAT REPORTED PREMIUM INFORMATION IN THE 1980 CENSUS

TABLE 9: NUMBER OF PREPAID HEALTH PLANS
AND 1980 FAMILY PREMIUM
BY FEDERAL QUALIFICATION STATUS
JUNE 30, 1980

FEDERAL QUALIFICATION STATUS	NUMBER OF PLANS	AVERAGE 1980 FAMILY PREMIUMS	MINIMUM FAMILY PREMIUM	MAXIMUM FAMILY PREMIUM	MEDIAN FAMILY PREMIUM
ALL PLANS	175	$120.30	$68.00	$161.54	$121.42
FEDERALLY QUALIFIED	104	120.93	77.07	160.32	121.71
NOT FEDERALLY QUALIFIED	71	119.37	68.00	161.54	121.22

NOTE: THIS TABLE INCLUDES ONLY THOSE PLANS THAT REPORTED PREMIUM INFORMATION IN THE 1980 CENSUS

TABLE 10: NUMBER OF PREPAID HEALTH PLANS
AND 1980 FAMILY PREMIUM
BY STATE - JUNE 30, 1980

STATE	NUMBER OF PLANS	AVERAGE 1980 FAMILY PREMIUMS	MINIMUM FAMILY PREMIUM	MAXIMUM FAMILY PREMIUM	MEDIAN FAMILY PREMIUM
ALL PLANS	175	$120.30	$68.00	$161.54	$121.42
ALABAMA	1	132.45	132.45	132.45	132.45
ARIZONA	4	122.42	119.20	125.90	122.30
CALIFORNIA	21	133.84	97.40	154.70	136.77
COLORADO	6	127.38	109.32	143.04	129.57
CONNECTICUT	6	117.49	108.32	127.79	118.18
DISTRICT OF COLUMBIA	3	135.88	121.38	143.50	142.75
FLORIDA	6	117.57	68.00	143.01	125.00
GEORGIA	2	106.26	96.08	116.44	106.26
HAWAII	2	102.24	98.64	105.84	102.24
IDAHO	1	123.50	123.50	123.50	123.50
ILLINOIS	12	124.49	101.90	142.03	124.43
INDIANA	1	112.42	112.42	112.42	112.42
KENTUCKY	3	115.66	100.18	124.00	122.80
LOUISIANA	1	111.68	111.68	111.68	111.68
MAINE	1	82.63	82.63	82.63	82.63
MARYLAND	6	138.80	124.32	144.18	143.43
MASSACHUSETTS	8	112.56	97.86	126.50	114.24
MICHIGAN	9	128.58	98.97	146.22	131.00
MINNESOTA	6	114.51	107.05	121.80	114.81
MISSOURI	2	123.81	118.51	129.11	123.81
NEBRASKA	1	105.30	105.30	105.30	105.30
NEW HAMPSHIRE	1	105.13	105.13	105.13	105.13
NEW JERSEY	8	99.42	86.69	114.30	99.99
NEW MEXICO	2	146.50	135.00	158.00	146.50
NEW YORK	11	93.74	77.07	111.10	91.98
NORTH DAKOTA	1	109.90	109.90	109.90	109.90
OHIO	7	128.53	115.16	160.32	122.13
OREGON	5	123.91	98.28	152.64	123.25
PENNSYLVANIA	8	110.22	73.96	137.80	112.95
RHODE ISLAND	4	90.71	84.01	106.37	86.24
SOUTH CAROLINA	1	93.50	93.50	93.50	93.50
TEXAS	6	126.52	105.90	159.56	121.93
UTAH	1	111.22	111.22	111.22	111.22
WASHINGTON	4	130.69	124.19	138.00	130.29
WEST VIRGINIA	2	139.49	139.04	139.94	139.49
WISCONSIN	11	132.03	108.51	161.54	132.03
GUAM	1	101.85	101.85	101.85	101.85

NOTE: THIS TABLE INCLUDES ONLY THOSE PLANS THAT REPORTED PREMIUM INFORMATION IN THE 1980 CENSUS

TABLE 11: NUMBER OF PREPAID HEALTH PLANS
AND ANNUALIZED HOSPITAL DAYS PER 1000 MEMBERS
BY SIZE OF PLAN - JUNE 30, 1980

PREPAID PLAN SIZE GROUPINGS	NUMBER OF PLANS	ANNUALIZED HOSPITAL DAYS PER 1000 MEMBERS	MINIMUM ANNUALIZED HOSPITAL DAYS PER 1000 MEMBERS	MAXIMUM ANNUALIZED HOSPITAL DAYS PER 1000 MEMBERS	MEDIAN ANNUALIZED HOSPITAL DAYS PER 1000 MEMBERS
ALL PLANS	200	418	73	783	438
1 - 4,999	45	480	73	746	450
5,000 - 14,999	71	465	235	733	446
15,000 - 24,999	35	432	236	665	429
25,000 - 49,999	25	465	311	783	416
50,000 - 99,999	13	437	251	595	415
100,000 OR MORE	11	399	347	473	410

NOTE: THIS TABLE INCLUDES ONLY THOSE PLANS THAT REPORTED HOSPITAL UTILIZATION IN THE 1980 CENSUS. EXTREME UTILIZATION RATES DUE TO HIGH PERCENTAGE OF MEDICARE MEMBERS ,LOW MEMBERSHIP BASE OR PLAN BEING OPERATIONAL FOR A SHORT PERIOD OF TIME.

TABLE 12: NUMBER OF PREPAID HEALTH PLANS
AND ANNUALIZED HOSPITAL DAYS PER 1000 MEMBERS
BY AGE OF PLAN - JUNE 30, 1980

PREPAID PLAN AGE GROUPINGS	NUMBER OF PLANS	ANNUALIZED HOSPITAL DAYS PER 1000 MEMBERS	MINIMUM ANNUALIZED HOSPITAL DAYS PER 1000 MEMBERS	MAXIMUM ANNUALIZED HOSPITAL DAYS PER 1000 MEMBERS	MEDIAN ANNUALIZED HOSPITAL DAYS PER 1000 MEMBERS
ALL PLANS	200	418	73	783	438
LESS THAN 1 YEAR	16	496	73	647	360
1 - 2 YEARS	51	466	213	689	424
3 - 5 YEARS	54	450	278	733	444
6 - 9 YEARS	59	447	251	783	450
10 OR MORE YEARS	20	402	345	746	416

NOTE: THIS TABLE INCLUDES ONLY THOSE PLANS THAT REPORTED HOSPITAL UTILIZATION IN THE 1980 CENSUS. EXTREME UTILIZATION RATES DUE TO HIGH PERCENTAGE OF MEDICARE MEMBERS ,LOW MEMBERSHIP BASE OR PLAN BEING OPERATIONAL FOR A SHORT PERIOD OF TIME.

TABLE 13: NUMBER OF PREPAID HEALTH PLANS
AND ANNUALIZED HOSPITAL DAYS PER 1000 MEMBERS
BY TYPE OF PRACTICE - JUNE 30, 1980

TYPE OF PRACTICE	NUMBER OF PLANS	ANNUALIZED HOSPITAL DAYS PER 1000 MEMBERS	MINIMUM ANNUALIZED HOSPITAL DAYS PER 1000 MEMBERS	MAXIMUM ANNUALIZED HOSPITAL DAYS PER 1000 MEMBERS	MEDIAN ANNUALIZED HOSPITAL DAYS PER 1000 MEMBERS
ALL PLANS	200	418	73	783	438
STAFF	56	418	213	746	400
GROUP	61	402	298	721	423
IPA	83	491	73	783	489

NOTE: THIS TABLE INCLUDES ONLY THOSE PLANS THAT REPORTED HOSPITAL UTILIZATION IN THE 1980 CENSUS. EXTREME UTILIZATION RATES DUE TO HIGH PERCENTAGE OF MEDICARE MEMBERS ,LOW MEMBERSHIP BASE OR PLAN BEING OPERATIONAL FOR A SHORT PERIOD OF TIME.

TABLE 14: NUMBER OF PREPAID HEALTH PLANS
AND ANNUALIZED HOSPITAL DAYS PER 1000 MEMBERS
BY FEDERAL QUALIFICATION STATUS
JUNE 30, 1980

FEDERAL QUALIFICATION STATUS	NUMBER OF PLANS	ANNUALIZED HOSPITAL DAYS PER 1000 MEMBERS	MINIMUM ANNUALIZED HOSPITAL DAYS PER 1000 MEMBERS	MAXIMUM ANNUALIZED HOSPITAL DAYS PER 1000 MEMBERS	MEDIAN ANNUALIZED HOSPITAL DAYS PER 1000 MEMBERS
ALL PLANS	200	418	73	783	438
FEDERALLY QUALIFIED	113	406	73	685	414
NOT FEDERALLY QUALIFIED	87	469	278	783	473

NOTE: THIS TABLE INCLUDES ONLY THOSE PLANS THAT REPORTED HOSPITAL UTILIZATION IN THE 1980 CENSUS. EXTREME UTILIZATION RATES DUE TO HIGH PERCENTAGE OF MEDICARE MEMBERS ,LOW MEMBERSHIP BASE OR PLAN BEING OPERATIONAL FOR A SHORT PERIOD OF TIME.

TABLE 15: NUMBER OF PREPAID HEALTH PLANS
AND ANNUALIZED HOSPITAL DAYS PER 1000 MEMBERS
BY STATE - JUNE 30, 1980

STATE	*NUMBER OF PLANS	ANNUALIZED HOSPITAL DAYS PER 1000 MEMBERS	MINIMUM ANNUALIZED HOSPITAL DAYS PER 1000 MEMBERS	MAXIMUM ANNUALIZED HOSPITAL DAYS PER 1000 MEMBERS	MEDIAN ANNUALIZED HOSPITAL DAYS PER 1000 MEMBERS
ALL PLANS	200	418	73	783	438
ALABAMA	1	520	520	520	520
ARIZONA	3	434	335	595	343
CALIFORNIA	27	383	209	605	379
COLORADO	6	465	399	590	509
CONNECTICUT	7	393	213	481	389
DISTRICT OF COLUMBIA	3	428	376	455	387
FLORIDA	6	414	288	548	397
GEORGIA	2	272	177	300	238
HAWAII	2	383	376	384	380
IDAHO	1	569	569	569	569
ILLINOIS	12	528	345	670	524
INDIANA	2	467	459	598	528
KENTUCKY	3	455	374	494	439
LOUISIANA	2	556	424	631	528
MAINE	2	386	278	441	359
MARYLAND	10	428	293	689	451
MASSACHUSETTS	9	416	312	607	391
MICHIGAN	10	527	274	610	486
MINNESOTA	8	440	298	746	464
MISSOURI	3	464	388	529	529
NEBRASKA	2	514	472	554	513
NEW HAMPSHIRE	1	450	450	450	450
NEW JERSEY	7	468	354	685	432
NEW MEXICO	2	491	375	563	469
NEW YORK	11	377	73	493	364
NORTH DAKOTA	1	512	512	512	512
OHIO	10	480	328	665	484
OREGON	6	418	181	578	427
PENNSYLVANIA	9	483	390	613	473
RHODE ISLAND	4	344	311	689	595
SOUTH CAROLINA	1	599	599	599	599
TEXAS	6	431	349	673	436
UTAH	2	349	342	562	452
WASHINGTON	4	447	333	464	395
WEST VIRGINIA	2	629	598	647	623
WISCONSIN	12	594	387	783	537
GUAM	1	494	494	494	494

NOTE: THIS TABLE INCLUDES ONLY THOSE PLANS THAT REPORTED HOSPITAL UTILIZATION IN THE 1980 CENSUS. EXTREME UTILIZATION RATES DUE TO HIGH PERCENTAGE OF MEDICARE MEMBERS ,LOW MEMBERSHIP BASE OR PLAN BEING OPERATIONAL FOR A SHORT PERIOD OF TIME.

TABLE 16: NUMBER OF PREPAID HEALTH PLANS
AND ANNUALIZED PHYSICIAN ENCOUNTERS PER MEMBER
BY SIZE OF PLAN - JUNE 30, 1980

PREPAID PLAN SIZE GROUPINGS	NUMBER OF PLANS	ANNUALIZED PHYSICIAN ENCOUNTERS PER MEMBER	MINIMUM ANNUALIZED PHYSICIAN ENCOUNTERS PER MEMBER	MAXIMUM ANNUALIZED PHYSICIAN ENCOUNTERS PER MEMBER	MEDIAN ANNUALIZED PHYSICIAN ENCOUNTERS PER MEMBER
ALL PLANS	157	3.3	2.1	4.9	3.2
1 - 4,999	34	3.2	2.3	4.6	3.2
5,000 - 14,999	52	3.3	2.1	4.9	3.4
15,000 - 24,999	29	3.1	2.2	4.7	2.9
25,000 - 49,999	23	3.0	2.4	4.1	2.9
50,000 - 99,999	8	2.8	2.1	3.9	2.8
100,000 OR MORE	11	3.4	2.3	4.6	3.3

NOTE: THIS TABLE INCLUDES ONLY THOSE PLANS THAT REPORTED PHYSICIAN ENCOUNTERS IN THE 1980 CENSUS

TABLE 17: NUMBER OF PREPAID HEALTH PLANS
AND ANNUALIZED PHYSICIAN ENCOUNTERS PER MEMBER
BY AGE OF PLAN - 1979

PREPAID PLAN AGE GROUPINGS	NUMBER OF PLANS	ANNUALIZED PHYSICIAN ENCOUNTERS PER MEMBER	MINIMUM ANNUALIZED PHYSICIAN ENCOUNTERS PER MEMBER	MAXIMUM ANNUALIZED PHYSICIAN ENCOUNTERS PER MEMBER	MEDIAN ANNUALIZED PHYSICIAN ENCOUNTERS PER MEMBER
ALL PLANS	157	3.3	2.1	4.9	3.2
LESS THAN 1 YEAR	10	3.8	3.1	4.6	3.8
1 - 2 YEARS	47	3.0	2.2	4.6	3.2
3 - 5 YEARS	45	3.1	2.1	4.9	3.0
6 - 9 YEARS	39	3.0	2.1	4.7	3.1
10 OR MORE YEARS	16	3.4	2.1	4.6	3.3

NOTE: THIS TABLE INCLUDES ONLY THOSE PLANS THAT REPORTED PHYSICIAN ENCOUNTERS IN THE 1980 CENSUS

TABLE 18: NUMBER OF PREPAID HEALTH PLANS
AND ANNUALIZED PHYSICIAN ENCOUNTERS PER MEMBER
BY TYPE OF PRACTICE - JUNE 30, 1980

TYPE OF PRACTICE	NUMBER OF PLANS	ANNUALIZED PHYSICIAN ENCOUNTERS PER MEMBER	MINIMUM ANNUALIZED PHYSICIAN ENCOUNTERS PER MEMBER	MAXIMUM ANNUALIZED PHYSICIAN ENCOUNTERS PER MEMBER	MEDIAN ANNUALIZED PHYSICIAN ENCOUNTERS PER MEMBER
ALL PLANS	157	3.3	2.1	4.9	3.2
STAFF	52	3.2	2.1	4.6	2.8
GROUP	49	3.3	2.2	4.9	3.3
IPA	56	3.2	2.1	4.7	3.3

NOTE: THIS TABLE INCLUDES ONLY THOSE PLANS THAT REPORTED PHYSICIAN ENCOUNTERS IN THE 1980 CENSUS

TABLE 19: NUMBER OF PREPAID HEALTH PLANS
AND ANNUALIZED PHYSICIAN ENCOUNTERS PER MEMBER
BY FEDERAL QUALIFICATION STATUS - JUNE 30, 1980

FEDERAL QUALIFICATION STATUS	NUMBER OF PLANS	ANNUALIZED PHYSICIAN ENCOUNTERS PER MEMBER	MINIMUM ANNUALIZED PHYSICIAN ENCOUNTERS PER MEMBER	MAXIMUM ANNUALIZED PHYSICIAN ENCOUNTERS PER MEMBER	MEDIAN ANNUALIZED PHYSICIAN ENCOUNTERS PER MEMBER
ALL PLANS	157	3.3	2.1	4.9	3.2
FEDERALLY QUALIFIED	102	3.2	2.1	4.9	3.1
NOT FEDERALLY QUALIFIED	55	3.7	2.1	4.7	3.3

NOTE: THIS TABLE INCLUDES ONLY THOSE PLANS THAT REPORTED PHYSICIAN ENCOUNTERS IN THE 1980 CENSUS

TABLE 20: NUMBER OF PREPAID HEALTH PLANS
AND ANNUALIZED PHYSICIAN ENCOUNTERS PER MEMBER
BY STATE - JUNE 30, 1980

STATE	NUMBER OF PLANS	ANNUALIZED PHYSICIAN ENCOUNTERS PER MEMBER	MINIMUM ANNUALIZED PHYSICIAN ENCOUNTERS PER MEMBER	MAXIMUM ANNUALIZED PHYSICIAN ENCOUNTERS PER MEMBER	MEDIAN ANNUALIZED PHYSICIAN ENCOUNTERS PER MEMBER
ALL PLANS	157	3.3	2.1	4.9	3.2
ALABAMA	1	2.3	2.3	2.3	2.3
ARIZONA	3	2.6	2.4	3.0	2.7
CALIFORNIA	24	3.3	2.1	4.9	3.5
COLORADO	4	2.4	2.3	4.4	3.2
CONNECTICUT	6	2.8	2.3	3.2	2.8
DISTRICT OF COLUMBIA	3	2.6	2.4	2.8	2.5
FLORIDA	5	3.2	2.4	4.4	3.1
GEORGIA	2	4.0	3.1	4.2	3.7
HAWAII	2	4.0	3.9	4.1	4.0
IDAHO	1	3.0	3.0	3.0	3.0
ILLINOIS	9	2.8	2.4	3.8	3.0
INDIANA	1	2.4	2.4	2.4	2.4
KENTUCKY	2	2.4	2.3	3.5	2.9
LOUISIANA	1	3.3	3.3	3.3	3.3
MAINE	2	3.0	2.3	3.4	2.9
MARYLAND	6	2.8	2.5	4.3	2.9
MASSACHUSETTS	9	2.5	2.1	4.1	3.3
MICHIGAN	10	3.0	2.5	4.4	3.1
MINNESOTA	4	3.4	2.6	3.8	3.4
MISSOURI	3	3.1	2.4	3.9	3.1
NEBRASKA	1	2.4	2.4	2.4	2.4
NEW HAMPSHIRE	1	2.8	2.8	2.8	2.8
NEW JERSEY	7	3.2	2.4	4.2	3.3
NEW MEXICO	1	4.7	4.7	4.7	4.7
NEW YORK	9	3.8	2.4	4.0	2.7
NORTH CAROLINA	1	2.8	2.8	2.8	2.8
NORTH DAKOTA	1	3.5	3.5	3.5	3.5
OHIO	6	3.2	2.2	4.5	3.7
OREGON	4	2.9	2.7	4.7	3.3
PENNSYLVANIA	6	3.3	2.1	3.7	3.2
RHODE ISLAND	4	3.0	2.6	3.0	2.8
SOUTH CAROLINA	1	4.2	4.2	4.2	4.2
TEXAS	5	3.8	2.8	4.2	3.8
UTAH	2	3.0	2.6	3.0	2.8
WASHINGTON	3	3.2	2.2	3.3	2.3
WEST VIRGINIA	2	3.8	3.7	3.9	3.8
WISCONSIN	4	2.9	2.3	3.3	3.1
GUAM	1	3.7	3.7	3.7	3.7

NOTE: THIS TABLE INCLUDES ONLY THOSE PLANS THAT REPORTED PHYSICIAN ENCOUNTERS IN THE 1980 CENSUS

TABLE 21: NUMBER OF PREPAID HEALTH PLANS
AND ANNUALIZED TOTAL ENCOUNTERS PER MEMBER
BY SIZE OF PLAN - JUNE 30, 1980

PREPAID PLAN SIZE GROUPINGS	NUMBER OF PLANS	ANNUALIZED TOTAL ENCOUNTERS PER MEMBER	MINIMUM ANNUALIZED TOTAL ENCOUNTERS PER MEMBER	MAXIMUM ANNUALIZED TOTAL ENCOUNTERS PER MEMBER	MEDIAN ANNUALIZED TOTAL ENCOUNTERS PER MEMBER
ALL PLANS	164	4.3	2.3	5.5	4.2
1 - 4,999	40	4.2	2.3	5.5	3.9
5,000 - 14,999	54	4.4	2.8	5.5	4.5
15,000 - 24,999	26	4.2	2.5	5.5	4.3
25,000 - 49,999	21	4.1	3.1	5.2	4.2
50,000 - 99,999	11	4.1	3.1	5.3	4.1
100,000 OR MORE	12	4.4	3.8	4.9	4.3

NOTE: THIS TABLE INCLUDES ONLY THOSE PLANS THAT REPORTED TOTAL ENCOUNTERS IN THE 1980 CENSUS

TABLE 22: NUMBER OF PREPAID HEALTH PLANS
AND ANNUALIZED TOTAL ENCOUNTERS PER MEMBER
BY AGE OF PLAN - JUNE 30, 1980

PREPAID PLAN AGE GROUPINGS	NUMBER OF PLANS	ANNUALIZED TOTAL ENCOUNTERS PER MEMBER	MINIMUM ANNUALIZED TOTAL ENCOUNTERS PER MEMBER	MAXIMUM ANNUALIZED TOTAL ENCOUNTERS PER MEMBER	MEDIAN ANNUALIZED TOTAL ENCOUNTERS PER MEMBER
ALL PLANS	164	4.3	2.3	5.5	4.2
LESS THAN 1 YEAR	15	4.3	2.9	5.4	4.1
1 - 2 YEARS	44	4.2	2.6	5.5	4.2
3 - 5 YEARS	44	4.3	2.3	5.5	4.3
6 - 9 YEARS	44	4.1	2.8	5.5	4.2
10 OR MORE YEARS	17	4.3	2.8	5.3	4.3

NOTE: THIS TABLE INCLUDES ONLY THOSE PLANS THAT REPORTED TOTAL ENCOUNTERS IN THE 1980 CENSUS

TABLE 23: NUMBER OF PREPAID HEALTH PLANS
AND ANNUALIZED TOTAL ENCOUNTERS PER MEMBER
BY TYPE OF PRACTICE - JUNE 30, 1980

TYPE OF PRACTICE	NUMBER OF PLANS	ANNUALIZED TOTAL ENCOUNTERS PER MEMBER	MINIMUM ANNUALIZED TOTAL ENCOUNTERS PER MEMBER	MAXIMUM ANNUALIZED TOTAL ENCOUNTERS PER MEMBER	MEDIAN ANNUALIZED TOTAL ENCOUNTERS PER MEMBER
ALL PLANS	164	4.3	2.3	5.5	4.2
STAFF	53	4.4	2.8	5.5	4.5
GROUP	49	4.3	2.3	5.5	4.1
IPA	62	4.0	2.4	5.5	4.1

NOTE: THIS TABLE INCLUDES ONLY THOSE PLANS THAT REPORTED TOTAL ENCOUNTERS IN THE 1980 CENSUS

TABLE 24: NUMBER OF PREPAID HEALTH PLANS
AND ANNUALIZED TOTAL ENCOUNTERS PER MEMBER
BY FEDERAL QUALIFICATION STATUS - JUNE 30, 1980

FEDERAL QUALIFICATION STATUS	NUMBER OF PLANS	ANNUALIZED TOTAL ENCOUNTERS PER MEMBER	MINIMUM ANNUALIZED TOTAL ENCOUNTERS PER MEMBER	MAXIMUM ANNUALIZED TOTAL ENCOUNTERS PER MEMBER	MEDIAN ANNUALIZED TOTAL ENCOUNTERS PER MEMBER
ALL PLANS	164	4.3	2.3	5.5	4.2
FEDERALLY QUALIFIED	107	4.3	2.5	5.5	4.3
NOT FEDERALLY QUALIFIED	57	4.3	2.3	5.5	4.1

NOTE: THIS TABLE INCLUDES ONLY THOSE PLANS THAT REPORTED TOTAL ENCOUNTERS IN THE 1980 CENSUS

TABLE 25: NUMBER OF PREPAID HEALTH PLANS
AND ANNUALIZED TOTAL ENCOUNTERS PER MEMBER
BY STATE - JUNE 30, 1980

STATE	NUMBER OF PLANS	ANNUALIZED TOTAL ENCOUNTERS PER MEMBER	MINIMUM ANNUALIZED TOTAL ENCOUNTERS PER MEMBER	MAXIMUM ANNUALIZED TOTAL ENCOUNTERS PER MEMBER	MEDIAN ANNUALIZED TOTAL ENCOUNTERS PER MEMBER
ALL PLANS	164	4.3	2.3	5.5	4.2
ALABAMA	1	2.3	2.3	2.3	2.3
ARIZONA	3	4.3	3.8	5.0	4.7
CALIFORNIA	24	4.4	2.6	5.5	4.2
COLORADO	6	4.1	3.1	5.4	4.0
CONNECTICUT	6	3.9	3.2	5.5	3.9
DISTRICT OF COLUMBIA	3	3.9	2.8	4.3	3.8
FLORIDA	6	4.2	3.1	5.5	4.4
GEORGIA	2	4.2	3.1	4.6	3.8
HAWAII	2	4.7	4.1	4.8	4.5
IDAHO	1	5.3	5.3	5.3	5.3
ILLINOIS	10	3.6	2.8	4.8	3.9
INDIANA	1	3.7	3.7	3.7	3.7
KENTUCKY	2	3.7	3.6	3.7	3.7
LOUISIANA	1	3.8	3.8	3.8	3.8
MAINE	2	3.1	2.4	3.4	2.9
MARYLAND	7	4.4	4.1	5.3	4.5
MASSACHUSETTS	9	3.8	2.5	5.2	4.1
MICHIGAN	9	4.0	3.1	5.2	4.5
MINNESOTA	6	4.6	4.1	5.5	4.7
MISSOURI	3	4.2	3.3	4.5	4.3
NEBRASKA	1	4.4	4.4	4.4	4.4
NEW HAMPSHIRE	1	4.4	4.4	4.4	4.4
NEW JERSEY	7	4.0	3.1	4.8	4.2
NEW MEXICO	2	4.4	3.9	5.2	4.5
NEW YORK	11	4.3	3.2	5.1	4.2
NORTH CAROLINA	1	3.9	3.9	3.9	3.9
NORTH DAKOTA	1	3.5	3.5	3.5	3.5
OHIO	5	4.2	4.0	5.3	4.5
OREGON	4	3.9	3.8	5.4	4.8
PENNSYLVANIA	7	4.1	3.0	5.1	4.0
RHODE ISLAND	4	4.3	3.0	4.4	3.3
SOUTH CAROLINA	1	4.8	4.8	4.8	4.8
TEXAS	5	4.3	2.8	5.4	4.6
UTAH	1	5.2	5.2	5.2	5.2
WASHINGTON	2	4.5	4.5	5.2	4.9
WEST VIRGINIA	2	4.8	4.8	4.8	4.8
WISCONSIN	4	4.0	3.3	5.4	4.4
GUAM	1	5.2	5.2	5.2	5.2

NOTE: THIS TABLE INCLUDES ONLY THOSE PLANS THAT REPORTED TOTAL ENCOUNTERS IN THE 1980 CENSUS

TABLE 26: CHARACTERISTICS OF PREPAID HEALTH PLANS
BY STATE AND PLAN NAME AS OF JUNE 30, 1980

STATE AND PLAN NAME	1980 MEMBERSHIP	MEDICARE MEMBERSHIP	MEDICAID MEMBERSHIP	FEDERAL EMPLOYEES MEMBERSHIP	HOSPITAL DAYS PER 1000 MEMBERS PER YEAR	PHYSICIAN ENCOUNTERS PER MEMBER PER YEAR	LENGTH OF TIME OPERATIONAL (YEARS)	TYPE OF PRACTICE
ALABAMA								
HEALTH MAINT. GROUP OF BIRMINGHAM BIRMINGHAM1/	1,359				520	2.3	3.2	GROUP
ARIZONA								
*INA HEALTHPLAN OF ARIZONA PHOENIX	57,334	11,771		3,048	595	2.7	2.8	GROUP
*ARIZONA HEALTH PLAN PHOENIX	67,925	763		1,604	343	2.4	7.8	GROUP
**PIMACARE TUCSON	34,184				335		6.5	GROUP
NEIGHBORHOOD HEALTH CARE PLAN TUCSON	4,307	819				3.0	2.8	STAFF
CALIFORNIA								
*COMPRECARE LOS ANGELES	12,913	249	6,218		317	2.1	7.5	IPA
*CONTRA COSTA HEALTH PLAN MARTINEZ3/	5,075	840	4,205		363	4.4	6.4	STAFF
*ROCKRIDGE HEALTH CARE PLAN OAKLAND	10,976		5,846		390	3.5	4.3	IPA
*HEALTHCARE SACRAMENTO1/	8,265	122	217		405	4.9	5.1	GROUP
SERRA HEALTH PLAN SUN VALLEY1/	3,850				450		6.5	GROUP
*ROSS-LOOS HEALTH PLAN OF S. CA. LOS ANGELES4/	190,601	1,492			439		51.5	IPA
WATTS HEALTH FOUNDATION LOS ANGELES	10,718	166	10,156		344	3.8	7.3	STAFF
*FAMILY HEALTH SERVICES ANAHEIM	38,856	250	3,681	163	360	3.0	3.6	IPA
*HEALTH NET VAN NUYS	63,382				415	3.5	6.5	IPA
*FOUNDATION HEALTH PLAN SACRAMENTO	22,853	898		1,666	381	2.6	2.5	IPA
*KAISER FOUNDATION HEALTH PLAN NORTHERN CALIFORNIA REGION OAKLAND5/	1,672,154	91,387		170,288	364	3.4	35.5	GROUP

See footnotes at end of table.

TABLE 26(CONT.): CHARACTERISTICS OF PREPAID HEALTH PLANS
BY STATE AND PLAN NAME AS OF JUNE 30, 1980

STATE AND PLAN NAME	1980 MEMBERSHIP	MEDICARE MEMBERSHIP	MEDICAID MEMBERSHIP	FEDERAL EMPLOYEES MEMBERSHIP	HOSPITAL DAYS PER 1000 MEMBERS PER YEAR	PHYSICIAN ENCOUNTERS PER MEMBER PER YEAR	LENGTH OF TIME OPERATIONAL (YEARS)	TYPE OF PRACTICE
CALIFORNIA								
*KAISER FOUNDATION HEALTH PLAN SOUTHERN CALIFORNIA REGION LOS ANGELES5/	1,565,634	93,451	7,776	132,986	410	3.2	35.5	GROUP
SOUTHERN CALIFORNIA HMO SAN DIEGO	9,016	184	6,804		480	3.8	8.0	STAFF
FRENCH HOSPITAL HEALTH PLAN SAN FRANCISCO	4,550						129.5	STAFF
*INA HEALTHPLAN OF CA. LOS ANGELES	125,809	1,200	55,800	175	347	4.6	14.1	STAFF
ALVISO HEALTH PLAN ALVISO6/	2,859		2,859				7.5	STAFF
*MAXICARE HAWTHORNE	75,241	762	1,152	170	251	3.0	7.4	IPA
*FAMILY HEALTH PROGRAM FOUNTAIN VALLEY	63,438	3,373	6,342	2,865	399	3.9	20.0	STAFF
*PROTECTIVE HEALTH PROVIDERS SAN DIEGO	3,426				380	3.2	1.3	GROUP
*LOS PADRES GROUP HEALTH SAN LUIS OBISPO	6,690	736		90	605	3.3	1.8	IPA
*PACIFICARE CYPRESS	7,749				316	3.5	2.0	IPA
*TAKECARE CORPORATION OAKLAND	19,100	175		258	236	4.6	2.2	IPA
CITIZENS HEALTH PLAN ALHAMBRA	4,000						4.1	IPA
HYGEIA LOS ANGELES6/	10,255						6.3	GROUP
CHILDRENS HOSPITAL HEALTH PLAN SAN FRANCISCO	9,524				445	3.0	4.7	IPA
*BAY PACIFIC HEALTH PLAN SAN MATEO	3,588				353	3.4	1.3	IPA
*LIFEGUARD CAMPBELL	8,813				333	2.3	1.4	IPA
*HEALTH PLAN OF THE REDWOODS SANTA ROSA3/	1,407				389		.3	IPA
*GR. SAN DIEGO HEALTH PLAN SAN DIEGO3/	1,701	83			209	4.6	.3	IPA

See footnotes at end of table.

TABLE 26(CONT.): CHARACTERISTICS OF PREPAID HEALTH PLANS
BY STATE AND PLAN NAME AS OF JUNE 30, 1980

STATE AND PLAN NAME	1980 MEMBERSHIP	MEDICARE MEMBERSHIP	MEDICAID MEMBERSHIP	FEDERAL EMPLOYEES MEMBERSHIP	HOSPITAL DAYS PER 1000 MEMBERS PER YEAR	PHYSICIAN ENCOUNTERS PER MEMBER PER YEAR	LENGTH OF TIME OPERATIONAL (YEARS)	TYPE OF PRACTICE
CALIFORNIA								
UNITED HEALTHCARE								
WOODLAND	14,211				332	3.2	5.8	IPA
POMONA VALLEY HEALTH PLAN								
POMONA	3,235				379	3.6	1.1	IPA
GROUP HEALTH SVS. OF CA.								
BUENA PARK7/	7,500						10.7	GROUP
COLORADO								
*COMPRECARE								
DENVER	59,677				547		6.0	IPA
*SAN LUIS VALLEY HMO								
ALAMOSA	8,811		529		590	4.4	5.2	IPA
*KAISER FOUNDATION HEALTH PLAN								
COLORADO REGION								
DENVER5/	113,256	4,053		19,076	399	2.3	11.0	GROUP
*ROCKY MOUNTAIN HMO								
GRAND JUNCTION	13,433	2,295	1,410	872	566		6.5	IPA
HMO COLORADO								
DENVER3/	462				472	3.4	.5	GROUP
*PEAK HEALTH PLAN								
COLORADO SPRINGS3/	2,326				463	3.1	.8	GROUP
CONNECTICUT								
YALE HEALTH PLAN								
NEW HAVEN1/	22,000				286		9.0	STAFF
*COMMUNITY HEALTH CARE CENTER PLAN								
NEW HAVEN	26,074	1,490		1,041	481	2.9	8.8	STAFF
*CONNECTICUT HEALTH PLAN								
BRIDGEPORT	8,023			144	389	2.3	3.3	STAFF
NEW HAVEN CNTY. FND. FOR MED. CARE								
WOODBRIDGE	1,568				423	2.5	2.1	IPA
GREATER BRIDGEPORT MEDICAL FND.								
TRUMBULL	8,278				475	3.2	2.8	IPA
*S. CONN. COMMUNITY HEALTH PLAN								
STAMFORD	3,857	38			213	2.6	1.0	STAFF
*N. CENTRAL CONNECTICUT HMO								
WINDSOR	4,951				291	3.0	1.1	STAFF

See footnotes at end of table.

TABLE 26(CONT.): CHARACTERISTICS OF PREPAID HEALTH PLANS
BY STATE AND PLAN NAME AS OF JUNE 30, 1980

STATE AND PLAN NAME	1980 MEMBERSHIP	MEDICARE MEMBERSHIP	MEDICAID MEMBERSHIP	FEDERAL EMPLOYEES MEMBERSHIP	HOSPITAL DAYS PER 1000 MEMBERS PER YEAR	PHYSICIAN ENCOUNTERS PER MEMBER PER YEAR	LENGTH OF TIME OPERATIONAL (YEARS)	TYPE OF PRACTICE
DISTRICT OF COLUMBIA								
*GROUP HEALTH ASSOCIATION WASHINGTON D.C.1/	110,941	4,003		66,850	455	2.8	43.4	STAFF
*GEORGETOWN UNIV. COMM. HEALTH PLAN WASHINGTON D.C.8/	54,284	305	597	16,782	387	2.5	7.7	STAFF
*GEORGE WASHINGTON UNIV. HEALTH PLAN WASHINGTON D.C.	20,877	43		14,768	376	2.4	8.1	GROUP
FLORIDA								
*AMERICAN HEALTH PLAN MIAMI	26,869		1,304	213	441	3.1	6.8	GROUP
*AV-MED HEALTH PLAN MIAMI	21,879				548	4.4	2.6	IPA
*FLORIDA HEALTH CARE PLAN DAYTONA BEACH	11,628				353	2.8	5.9	STAFF
GREATER MIAMI HEALTH CARE CENTER MIAMI	1,114						5.2	GROUP
CLINICA ASSOCIACION CUBANA MIAMI9/	52,280						10.1	GROUP
*PREPAID HEALTH CARE CLEARWATER	11,568	683			444	2.4	1.9	STAFF
INTERNATIONAL MEDICAL CENTER HIALEAH	20,239				288		7.6	STAFF
*SOUTH FLORIDA GROUP HEALTH MIAMI3/	357				324	4.0	.4	IPA
GEORGIA								
*HEALTHCARE ATLANTA3/	2,277				300	4.2	.5	GROUP
*HEALTH1ST ATLANTA3/	757				177	3.1	.5	IPA
HAWAII								
HMSA COMMUNITY HEALTH PROGRAM HONOLULU	31,196	2,315		2,782	376	4.1	8.4	GROUP
*KAISER FOUNDATION HEALTH PLAN HAWAII REGION HONOLULU5/	116,022	8,997	2,837	20,422	384	3.9	22.5	GROUP

See footnotes at end of table.

TABLE 26(CONT.): CHARACTERISTICS OF PREPAID HEALTH PLANS
BY STATE AND PLAN NAME AS OF JUNE 30, 1980

STATE AND PLAN NAME	1980 MEMBERSHIP	MEDICARE MEMBERSHIP	MEDICAID MEMBERSHIP	FEDERAL EMPLOYEES MEMBERSHIP	HOSPITAL DAYS PER 1000 MEMBERS PER YEAR	PHYSICIAN ENCOUNTERS PER MEMBER PER YEAR	LENGTH OF TIME OPERATIONAL (YEARS)	TYPE OF PRACTICE
IDAHO								
*HEALTH GUARD								
BOISE	11,381				569	3.0	1.3	IPA
ILLINOIS								
WELL-CARE								
SPRINGFIELD	2,253				473	3.3	7.3	IPA
UNION HEALTH SERVICE								
CHICAGO10/	23,690	2,766		1,051	345	2.4	25.3	STAFF
*INTERGROUP PREPAID HEALTH SERVICES								
CHICAGO	36,477			1,052	547	2.8	8.5	IPA
*ANCHOR ORG. FOR HEALTH MAINTENANCE								
CHICAGO11/	28,064	1,392		2,837	523	3.0	9.0	STAFF
ABRAHAM LINCOLN HEALTH SYSTEM								
LINCOLN	1,646				567		6.2	IPA
SHAWNEE HEALTH SYSTEM PLAN								
CARBONDALE	931				567		4.8	IPA
MEDICAL FOUNDATION PROGRAM								
SPRINGFIELD	31,334			647	670		6.0	IPA
*MICHAEL REESE HEALTH PLAN								
CHICAGO10/	15,620	67		6,213	488	3.6	8.0	STAFF
*NORTH COMMUNITIES HEALTH PLAN								
GLENVIEW	24,989	2,121		800	590	2.4	5.2	GROUP
*HMO ILLINOIS INC.								
CHICAGO	37,837			357	448	2.6	3.1	IPA
COMMUNITIES HEALTH PLAN								
ROCKFORD	7,549				489	3.8	3.0	IPA
*ROOSEVELT HEALTH PLAN								
CHICAGO	2,528		2,075		525	3.2	4.2	STAFF
CARLECARE								
URBANA	7,250						.6	GROUP
INDIANA								
*METRO HEALTH PLAN								
INDIANAPOLIS	24,902	70		2,346	459	2.4	5.7	STAFF
**INTERGROUP OF INDIANA								
INDIANAPOLIS3/	2,882				598		.6	IPA
IOWA								
QUAD CITY HEALTH PLAN								
BETTENDORF9/	6,200						.2	IPA

See footnotes at end of table.

TABLE 26(CONT.): CHARACTERISTICS OF PREPAID HEALTH PLANS
BY STATE AND PLAN NAME AS OF JUNE 30, 1980

STATE AND PLAN NAME	1980 MEMBERSHIP	MEDICARE MEMBERSHIP	MEDICAID MEMBERSHIP	FEDERAL EMPLOYEES MEMBERSHIP	HOSPITAL DAYS PER 1000 MEMBERS PER YEAR	PHYSICIAN ENCOUNTERS PER MEMBER PER YEAR	LENGTH OF TIME OPERATIONAL (YEARS)	TYPE OF PRACTICE
KENTUCKY								
HUNTER FOUNDATION FOR HEALTH CARE								
LEXINGTON1/	7,602				494		7.3	STAFF
CLINIC HEALTH CARE PLAN								
MADISONVILLE	470				374	3.5	1.8	GROUP
MOUNTAIN TRAILS HEALTH PLAN								
MIDDLESBORO	8,885						6.8	IPA
*HEALTHCARE OF LOUISVILLE								
LOUISVILLE	16,678	130		1,339	439	2.3	6.0	STAFF
LOUISIANA								
BATON ROUGE HEALTH MAINTENANCE PLAN								
BATON ROUGE	14,626			175	631		5.0	GROUP
*HMO OF BATON ROUGE								
BATON ROUGE	9,041				424	3.3	2.3	GROUP
LAFAYETTE HEALTH MAINTENANCE PLAN								
LAFAYETTE	15						.1	GROUP
MAINE								
PENOBSCOT BAY MED. CEN. HEALTH PLAN								
ROCKLAND	1,302				278	2.3	3.7	IPA
FRANKLIN AREA HEALTH PLAN								
FARMINGTON	3,368				441	3.4	7.5	IPA
MARYLAND								
COLUMBIA MEDICAL PLAN								
COLUMBIA1/	23,342			6,968	423		10.8	GROUP
EAST BALTIMORE MEDICAL PLAN								
BALTIMORE	9,242				378		8.7	GROUP
SOUTH COUNTY HEALTH PLAN								
ANNAPOLIS1/	8,912		1,426		414		4.8	STAFF
*METROPOLITAN BALTIMORE HEALTH CARE								
BALTIMORE	9,159	82	57		479	2.5	2.3	STAFF
CLINICAL ASSOCIATES MEDICAL PLAN								
LUTHERVILLE	2,792						2.3	STAFF
GREATER DUNDALK MEDICAL PLAN								
BALTIMORE	840			225	689	4.3	2.8	IPA
CHESAPEAKE HEALTH PLAN								
BALTIMORE	2,107		2,107		351	3.1	3.8	IPA
*MONUMENTAL HEALTH PLAN								
BALTIMORE	5,639		5,639		509		5.0	IPA

See footnotes at end of table.

TABLE 26(CONT.): CHARACTERISTICS OF PREPAID HEALTH PLANS
BY STATE AND PLAN NAME AS OF JUNE 30, 1980

STATE AND PLAN NAME	1980 MEMBERSHIP	MEDICARE MEMBERSHIP	MEDICAID MEMBERSHIP	FEDERAL EMPLOYEES MEMBERSHIP	HOSPITAL DAYS PER 1000 MEMBERS PER YEAR	PHYSICIAN ENCOUNTERS PER MEMBER PER YEAR	LENGTH OF TIME OPERATIONAL (YEARS)	TYPE OF PRACTICE
MARYLAND								
*HEALTHPLUS RIVERDALE	5,028				639	3.6	1.5	IPA
W. BALTIMORE COMM. HEALTH CORP. BALTIMORE	13,339		4,415		293	2.7	8.8	STAFF
CONSTANT CARE COMM. HEALTH CTR. BALTIMORE	5,531		5,531		530	2.6	4.9	STAFF
MASSACHUSETTS								
HARVARD UNIV. HEALTH SERVICES CAMBRIDGE	4,628				571	4.0	7.5	GROUP
*HARVARD COMMUNITY HEALTH PLAN BOSTON	92,384	1,318	2,517	3,996	379	2.1	10.8	STAFF
NORTH QUABBIN HEALTH PLAN ATHOL	6,368		201		607	3.3	6.0	IPA
MIT HEALTH PLAN CAMBRIDGE	7,495				391	4.1	7.0	GROUP
*VALLEY HEALTH PLAN AMHERST	12,427		427		393	3.3	3.8	GROUP
*FALLON COMMUNITY HEALTH PLAN WORCHESTER	24,327	2,661	941	130	528	2.2	3.4	GROUP
**MEDICAL WEST COMMUNITY HEALTH PLAN CHICOPEE	9,284				377	3.5	1.6	STAFF
BAY STATE HEALTH CARE BOSTON	7,622						1.2	IPA
CENTRAL MASSACHUSETTS HEALTH CARE WORCESTER	1,965				312	2.7	1.1	IPA
HEALTHWAY MEDICAL PLAN BROCKTON3/	1,435				330	4.0	.6	GROUP
MICHIGAN								
*HEALTH ALLIANCE PLAN DETROIT12/	82,659			3,311	563	2.8	20.5	GROUP
*GROUP HEALTH SERVICE OF MICHIGAN SAGINAW	13,850	123	266		413	4.1	4.1	STAFF
*COMP. HEALTH SERV. OF DETROIT DETROIT	28,110		27,711		560	2.7	7.3	GROUP
*MICHIGAN HMO PLANS DETROIT1/	35,034	24	24,239	283	610	3.5	6.4	IPA

See footnotes at end of table.

TABLE 26(CONT.): CHARACTERISTICS OF PREPAID HEALTH PLANS
BY STATE AND PLAN NAME AS OF JUNE 30, 1980

STATE AND PLAN NAME	1980 MEMBERSHIP	MEDICARE MEMBERSHIP	MEDICAID MEMBERSHIP	FEDERAL EMPLOYEES MEMBERSHIP	HOSPITAL DAYS PER 1000 MEMBERS PER YEAR	PHYSICIAN ENCOUNTERS PER MEMBER PER YEAR	LENGTH OF TIME OPERATIONAL (YEARS)	TYPE OF PRACTICE
MICHIGAN								
FAMILY HEALTH CARE PLAN KALAMAZOO	6,778		1,403		400	3.4	3.0	STAFF
*HEALTH CENTRAL LANSING	20,842				274	2.5	2.6	STAFF
*GROUP HEALTH PLAN OF SE MICHIGAN TROY	15,359			329	296	2.8	2.8	STAFF
TOTAL HEALTH CARE OF DETROIT DETROIT	10,991	1,228	8,994		572	2.8	4.3	STAFF
*INDEPENDENCE HEALTH PLAN-S.E. MICH. SOUTHFIELD	6,913				373	4.4	1.4	IPA
*GENESEE HEALTH CARE FLINT3/	1,780				584	3.4	.8	IPA
MINNESOTA								
COMMUNITY HEALTH CENTER TWO HARBORS1/	1,682		118		746		36.5	STAFF
MEDCENTER HEALTH PLAN MINNEAPOLIS	61,278	114			370		7.6	GROUP
*SHARE HEALTH PLAN BLOOMINGTON	32,147	1,424	80	492	341	2.6	6.5	GROUP
GROUP HEALTH ASSN. OF N.E. MINN. VIRGINIA1/	9,093	454	32		721		8.3	GROUP
PHYSICIANS HEALTH PLAN MINNEAPOLIS	77,166	390			456		4.9	IPA
HMO MINNESOTA ST. PAUL	56,753			744			5.8	IPA
GROUP HEALTH PLAN ST. PAUL1/	144,061	1,574	102	12,542	473	3.6	22.9	STAFF
COORDINATED HEALTH CARE ST. PAUL	4,817	52			622	3.3	7.8	GROUP
NICOLLET-EITEL HEALTH PLAN BLOOMINGTON	16,726				298	3.8	7.1	GROUP
CENTRAL MINN. GROUP HEALTH PLAN ST. CLOUD	1,772						.8	STAFF
MISSOURI								
ST. LOUIS LABOR HEALTH INSTITUTE ST. LOUIS	27,811						35.4	STAFF

See footnotes at end of table.

TABLE 26(CONT.): CHARACTERISTICS OF PREPAID HEALTH PLANS BY STATE AND PLAN NAME AS OF JUNE 30, 1980

STATE AND PLAN NAME	1980 MEMBERSHIP	MEDICARE MEMBERSHIP	MEDICAID MEMBERSHIP	FEDERAL EMPLOYEES MEMBERSHIP	HOSPITAL DAYS PER 1000 MEMBERS PER YEAR	PHYSICIAN ENCOUNTERS PER MEMBER PER YEAR	LENGTH OF TIME OPERATIONAL (YEARS)	TYPE OF PRACTICE
MISSOURI								
MEDICAL CARE GROUP OF ST. LOUIS ST. LOUIS	20,500			6,068	529	3.9	10.7	STAFF
MEDICAL INSTITUTE OF LOCAL 88 ST. LOUIS	6,915						21.7	GROUP
*PRIME HEALTH KANSAS CITY	33,087	186		1,834	388	2.4	3.7	STAFF
ST. LOUIS METRO HEALTH PLAN ST. LOUIS	22,735				529	3.1	1.4	IPA
NEBRASKA								
HEALTH MAINTENANCE PROGRAM OMAHA	7,761				554		6.1	IPA
*HEALTH CENTRAL LINCOLN	9,124	30			472	2.4	1.4	STAFF
NEW HAMPSHIRE								
*MATTHEW THORNTON HEALTH PLAN NASHUA	11,185	12			450	2.8	9.1	STAFF
NEW JERSEY								
CUMBERLAND REGIONAL HEALTH PLAN VINELAND	10,335			28	354	2.4	5.3	STAFF
MERCER MEDIGROUP TRENTON	21,824			42	370	3.2	7.0	GROUP
*HEALTH CARE PLAN OF NEW JERSEY CHERRY HILL	27,217	663		1,312	495	3.8	4.2	STAFF
*RUTGERS COMMUNITY HEALTH PLAN NEW BRUNSWICK	38,478	176		1,163	388	3.3	4.0	STAFF
*CROSSROADS HEALTH PLAN EAST ORANGE	27,088			897	685	2.7	2.3	IPA
*SOUTHSHORE HEALTH PLAN NORTHFIELD	7,174			224	485	4.2	2.8	IPA
*COMED CEDAR KNOLLS	8,101				432	3.7	1.8	IPA
*HIP OF GREATER N.J. WEST NEW YORK	6,770						.5	GROUP
SIMA MEDIGROUP NEWARK	500						.3	IPA

See footnotes at end of table.

TABLE 26(CONT.): CHARACTERISTICS OF PREPAID HEALTH PLANS
BY STATE AND PLAN NAME AS OF JUNE 30, 1980

STATE AND PLAN NAME	1980 MEMBERSHIP	MEDICARE MEMBERSHIP	MEDICAID MEMBERSHIP	FEDERAL EMPLOYEES MEMBERSHIP	HOSPITAL DAYS PER 1000 MEMBERS PER YEAR	PHYSICIAN ENCOUNTERS PER MEMBER PER YEAR	LENGTH OF TIME OPERATIONAL (YEARS)	TYPE OF PRACTICE
NEW MEXICO								
**NEW MEXICO HEALTH CARE CORP. ALBUQUERQUE	13,171			4,876	563		7.5	IPA
LOVELACE HEALTH PLAN ALBUQUERQUE	5,356				375	4.7	7.5	GROUP
NEW YORK								
HEALTH INSURANCE PLAN - HMO NEW YORK13/	774,475	81,099	32,996	44,778		4.0	32.7	GROUP
ROCHESTER HEALTH NETWORK ROCHESTER	20,278		2,761		493	3.6	7.0	IPA
BC/BS OF GREATER N.Y. HMO NEW YORK	27,788			1,070	378	2.6	6.6	GROUP
*GENESEE VALLEY GROUP HEALTH ASSN. ROCHESTER10/	36,920			960	394	2.5	6.9	GROUP
*CAPITAL AREA COMMUNITY HEALTH PLAN LATHAM	29,285	418	47	833	364	2.4	3.5	STAFF
*WESTCHESTER COMMUNITY HEALTH PLAN WHITE PLAINS	18,312	473		218	389	2.9	3.8	STAFF
HEALTH SERVICES MEDICAL CORP. BALDWINSVILLE1/	6,679				314		2.8	GROUP
*HEALTH CARE PLAN ● BUFFALO	16,836			343	283	2.7	1.8	STAFF
*MANHATTAN HEALTH PLAN NEW YORK	13,361	35		23	235	2.7	2.8	STAFF
*COMMUNITY HEALTH PLAN OF SUFFOLK HAUPPAUGE	18,954			276	399	3.8	1.8	STAFF
*INDEPENDENT HEALTH ASSOCIATION BUFFALO3/	570				73		.4	IPA
*PREFERRED CARE ROCHESTER3/	946				290		.7	IPA
NORTH CAROLINA								
WINSTON-SALEM HEALTH CARE PLAN WINSTON SALEM	33,819					2.8	4.0	STAFF
NORTH DAKOTA								
*WEST RIVER HMO HETTINGER	2,803				512	3.5	1.8	GROUP

See footnotes at end of table.

TABLE 26(CONT.): CHARACTERISTICS OF PREPAID HEALTH PLANS
BY STATE AND PLAN NAME AS OF JUNE 30, 1980

STATE AND PLAN NAME	1980 MEMBERSHIP	MEDICARE MEMBERSHIP	MEDICAID MEMBERSHIP	FEDERAL EMPLOYEES MEMBERSHIP	HOSPITAL DAYS PER 1000 MEMBERS PER YEAR	PHYSICIAN ENCOUNTERS PER MEMBER PER YEAR	LENGTH OF TIME OPERATIONAL (YEARS)	TYPE OF PRACTICE
OHIO								
*MARION HEALTH FOUNDATION MARION	12,945			100	602	4.5	4.2	IPA
HEALTH MAINTENANCE PLAN-CINCINNATI CINCINNATI1/	24,993				505		6.3	GROUP
*KAISER FOUNDATION HEALTH PLAN OHIO REGION CLEVELAND5/	122,151	6,127		6,925	463	2.9	16.5	GROUP
MEDICAL FOUNDATION OF BELLAIRE BELLAIRE	12,860				328	4.1	5.3	GROUP
GROUP HEALTH PLAN OF N.E. OHIO CLEVELAND1/	18,423				536		5.3	IPA
EUCLID-MENTOR REGIONAL HEALTH PLAN CLEVELAND	4,660				353		2.2	GROUP
UNITED HEALTH PLAN COLUMBUS	8,500						2.3	GROUP
*THE TOLEDO PLAN/HEALTH PLUS TOLEDO	7,092				414	3.5	1.8	STAFF
WESTERN OHIO HEALTH CARE PLAN DAYTON	9,582				575	3.8	1.2	IPA
CHOICECARE CINCINNATI	15,121				665	2.2	1.3	IPA
GR. MIAMI VALLEY HEALTH PLAN DAYTON3/	1,181				423		.3	GROUP
PHYS. HEALTH PLAN OF CENTRAL OHIO COLUMBUS	5,000						.5	IPA
OREGON								
*PHYSICIANS ASSN. OF CLACKAMAS CNTY. GLADSTONE1/	30,789	4,002			369		42.3	IPA
*KAISER FOUNDATION HEALTH PLAN OREGON REGION PORTLAND5/	233,600	16,506	9,449	22,948	410	2.7	33.5	GROUP
*PORTLAND METRO HEALTH PLAN PORTLAND	19,779			945	491	3.0	4.5	IPA
*HEALTH MAINTENANCE OF OREGON PORTLAND	19,947			207	444	4.7	3.3	IPA
*CAPITOL HEALTH CARE SALEM	9,700			178	578	3.6	3.1	IPA

See footnotes at end of table.

TABLE 26(CONT.): CHARACTERISTICS OF PREPAID HEALTH PLANS
BY STATE AND PLAN NAME AS OF JUNE 30, 1980

STATE AND PLAN NAME	1980 MEMBERSHIP	MEDICARE MEMBERSHIP	MEDICAID MEMBERSHIP	FEDERAL EMPLOYEES MEMBERSHIP	HOSPITAL DAYS PER 1000 MEMBERS PER YEAR	PHYSICIAN ENCOUNTERS PER MEMBER PER YEAR	LENGTH OF TIME OPERATIONAL (YEARS)	TYPE OF PRACTICE
OREGON								
*SELECTCARE EUGENE3/	1,069				181		0.7	IPA
PROVIDENCE PLAN PORTLAND	2,067						1.0	IPA
PENNSYLVANIA								
CENTRAL MEDICAL HEALTH SERVICES PITTSBURGH	7,303	44		1,314	562	2.1	5.7	STAFF
GEISINGER HEALTH PLAN DANVILLE1/	5,062				473		7.8	GROUP
*HMO OF PENNSYLVANIA WILLOW GROVE	47,664	562		2,333	546	3.6	3.8	IPA
*PHILADELPHIA HEALTH PLAN PHILADELPHIA	23,715		1,154	1,542	429	2.4	6.3	GROUP
*PENN GROUP HEALTH PLAN PITTSBURGH	19,025				424	3.7	5.1	GROUP
*HEALTH SERVICE PLAN OF PA. PHILADELPHIA	19,600	17		1,946	430	3.4	4.3	GROUP
MOSHANNON VALLEY COMP. HEALTH PROG. CAMP HILL	689				613	3.0	3.2	GROUP
*GREATER DELAWARE VALLEY HEALTH CARE RADNOR	6,430			181	579		2.3	IPA
*EASTERN PENNSYLVANIA HMO ALLENTOWN	7,128				390		1.4	IPA
YORK COMP. HEALTH CARE PROGRAM YORK	344						.5	GROUP
RHODE ISLAND								
AQUIDNECK MEDIGROUP PROVIDENCE	2,122			184	561	2.7	4.8	GROUP
BRISTOL MEDIGROUP PROVIDENCE	1,088			15	689	3.0	8.2	GROUP
*RHODE ISLAND GROUP HEALTH ASSN. PROVIDENCE	30,779	1,290	138	2,208	311	3.0	9.1	STAFF
BLACKSTONE VALLEY MEDIGROUP PROVIDENCE	929				628	2.6	2.1	IPA
SOUTH CAROLINA								
*PIEDMONT HEALTH CARE CORP. GREENVILLE	5,654				599	4.2	5.2	GROUP

See footnotes at end of table.

TABLE 26(CONT.): CHARACTERISTICS OF PREPAID HEALTH PLANS
BY STATE AND PLAN NAME AS OF JUNE 30, 1980

STATE AND PLAN NAME	1980 MEMBERSHIP	MEDICARE MEMBERSHIP	MEDICAID MEMBERSHIP	FEDERAL EMPLOYEES MEMBERSHIP	HOSPITAL DAYS PER 1000 MEMBERS PER YEAR	PHYSICIAN ENCOUNTERS PER MEMBER PER YEAR	LENGTH OF TIME OPERATIONAL (YEARS)	TYPE OF PRACTICE
TEXAS								
ALAMO HEALTH CARE PLAN								
SAN ANTONIO	10,697			3,300	400		3.5	IPA
*PRUDENTIAL HEALTH CARE PLAN								
HOUSTON	36,618			1,046	416	3.8	4.0	GROUP
*GROUP HEALTH OF EL PASO								
EL PASO	9,082			284	551	3.8	2.8	GROUP
*TEXAS PREPAID HEALTH PLAN								
BELLAIRE	10,712						2.5	IPA
*COMPCARE								
SAN ANTONIO	8,082	15		859	455	4.2	1.6	GROUP
*METROCARE								
EULESS	2,253			1,555	673	2.8	1.4	IPA
*KAISER-PRUDENTIAL HEALTH PLAN								
DALLAS5/	11,423	39			349	3.8	1.1	GROUP
TARRANT HEALTH PROTECTION PLAN								
FT. WORTH	2,000						.7	IPA
UTAH								
*FAMILY HEALTH PROGRAM-UTAH								
SALT LAKE CITY	26,027	1,407	5,065	1,779	342	3.0	5.6	GROUP
UNITED HEALTHCARE								
SALT LAKE CITY	1,901				562	2.6	1.8	IPA
WASHINGTON								
UNITED HEALTHCARE								
SEATTLE AND SPOKANE14/	22,310				354	2.2	1.8	IPA
GROUP HEALTH COOP OF PUGET SOUND								
SEATTLE	283,625	22,077	5,760	23,207	464	3.3	33.5	STAFF
COMM. HEALTH ASSOC. OF WASHINGTON								
SEATTLE6/	1,240						8.1	GROUP
KITSAP PHYSICIANS SERVICE								
BREMERTON	53,792	5,251		20,861	436		32.1	IPA
*COOPERATIVE HEALTH PLAN								
SPOKANE	16,800	500	1,185		333	2.3	3.0	STAFF
HMP OF SNOKOMISH COUNTY PHYS. CORP								
EVERETT	7,000						2.5	IPA
PACIFIC HEALTH PLAN								
SPOKANE	3,000						1.3	GROUP

See footnotes at end of table.

TABLE 26(CONT.): CHARACTERISTICS OF PREPAID HEALTH PLANS
BY STATE AND PLAN NAME AS OF JUNE 30, 1980

STATE AND PLAN NAME	1980 MEMBERSHIP	MEDICARE MEMBERSHIP	MEDICAID MEMBERSHIP	FEDERAL EMPLOYEES MEMBERSHIP	HOSPITAL DAYS PER 1000 MEMBERS PER YEAR	PHYSICIAN ENCOUNTERS PER MEMBER PER YEAR	LENGTH OF TIME OPERATIONAL (YEARS)	TYPE OF PRACTICE
WEST VIRGINIA								
MOUNTAINEER FAMILY HEALTH PLAN								
BECKLEY	5,301	954					6.7	GROUP
*HEALTHWISE								
BECKLEY3/	3,030	36			598	3.9	.9	IPA
**HEALTH PLAN-UPPER OHIO VALLEY								
WHEELING3/	5,336	22			647	3.7	.7	IPA
WISCONSIN								
COMPCARE HEALTH SERVICES								
MILWAUKEE	41,718				783	2.9	9.2	IPA
PORTAGE COUNTY HEALTHGUARD								
STEVENS POINT	6,748	39			421	3.3	7.5	IPA
N. CENTRAL HEALTH PROTECTION PLAN								
WAUSAU	22,362				540		8.5	IPA
GREATER MARSHFIELD COMM. HLTH. PLAN								
MARSHFIELD	58,026	169	681	311	535		9.3	GROUP
*GROUP HEALTH COOP OF S.C. WISCONSIN								
MADISON	9,577		63	606	387	2.3	4.3	STAFF
WISCONSIN PHYSICIANS SERVICE HMP								
MADISON	162,606						9.8	IPA
BLUE MOUND MED. CTR. SERVICE CORP.								
MILWAUKEE6/	26,000						12.8	GROUP
CHIPPEWA HEALTH PROTECTION PLAN								
CHIPPEWA	1,481				659		5.1	IPA
EAU CLAIRE HEALTH PROTECTION PLAN								
EAU CLAIRE	13,566				733		5.7	IPA
GREENBAY HEALTH PROTECTION PLAN								
GREENBAY	10,562				468		7.5	IPA
MILWAUKEE HEALTH PROTECTION PLAN								
MILWAUKEE	5,459				647		6.7	IPA
*FAMILY HEALTH PLAN COOPERATIVE								
MILWAUKEE	7,374				446	3.3	1.4	STAFF
GROUP HEALTH COOP. OF EAU CLAIRE								
EAU CLAIRE	5,465				427		3.7	STAFF
TRANE HEALTH PROTECTION PLAN								
LA CROSSE	11,756				587		1.5	IPA

See footnotes at end of table.

TABLE 26(CONT.): CHARACTERISTICS OF PREPAID HEALTH PLANS
BY STATE AND PLAN NAME AS OF JUNE 30, 1980

STATE AND PLAN NAME	1980 MEMBERSHIP	MEDICARE MEMBERSHIP	MEDICAID MEMBERSHIP	FEDERAL EMPLOYEES MEMBERSHIP	HOSPITAL DAYS PER 1000 MEMBERS PER YEAR	PHYSICIAN ENCOUNTERS PER MEMBER PER YEAR	LENGTH OF TIME OPERATIONAL (YEARS)	TYPE OF PRACTICE
WISCONSIN								
GR. WISC. RAPIDS HEALTH PROTECTION PLAN								
WISCONSIN RAPIDS	156						0.5	IPA
GREATER HEALTH CO PERATIVE								
GREEN BAY	15,000						.8	IPA
GUAM								
*FAMILY HEALTH PROGRAM								
TAMUNING	21,925			8,328	494	3.7	6.9	STAFF

See footnotes at end of table.

1/ Membership data as of 6/30/80 utilization data as of 12/31/79
2/ Data not reported
3/ Utilization data for less than 1 year
4/ Total membership is for entire plan utilization; data is for 82,799 member qualified plan
5/ Total membership data (Col 1) as of 6/30/80 other membership and utilization data as of 12/31/79
6/ Enrollment as of 12/31/79
7/ This plan was completely reorganized in 1979. All membership was terminated and then started again in 1980. Plan was not listed in the 1979 HMO Census
8/ As of 8/1/80, Kaiser-Permanente assumed the management and financial responsibilities of Georgetown University Community Health Plan. The plan was renamed Kaiser-Georgetown Community Health Plan
9/ Enrollment as of 8/1/80
10/ All data as of 12/31/79
11/ Anchor has an additional 10,123 members who receive only prepaid ambulatory services
12/ Operational in Feb 1979 as Health Alliance Plan formerly Metro Health Plan
13/ 113,000 of members enrolled for full HMO coverage remaining members receive prepaid ambulatory only
14/ Membership and utilization data is for both the Seattle branch and the Spokane branch of United Healthcare

Note: The reference month used in calculating the number of years operational July, 1980

Note: *Denotes a Federally Qualified HMO
**Denotes an HMO that became qualified after 6/30/80

TABLE 27: PREPAID HEALTH CARE PLAN ACTIVITY BY STATE - JUNE 30, 1980

STATE	NUMBER OF QUALIFIED HMOS	NUMBER OF PREPAID PLANS	ALL PREPAID PLAN MEMBERSHIP	QUALIFIED HMO MEMBERSHIP	MEDICARE MEMBERSHIP	MEDICAID MEMBERSHIP	FEDERAL EMPLOYEES
ALL PLANS	115	236	9,099,858	6,330,153	391,082	265,313	670,207
ALABAMA		1	1,359				
ARIZONA	2	4	163,750	125,259	13,353		4,652
CALIFORNIA	21	32	3,987,389	3,907,671	195,368	111,056	308,661
COLORADO	5	6	197,965	197,503	6,348	1,939	19,948
CONNECTICUT	4	7	74,751	42,905	1,528		1,185
DISTRICT OF COLUMBIA	3	3	186,102	186,102	4,351	597	98,400
FLORIDA	5	8	145,934	72,301	683	1,304	213
GEORGIA	2	2	3,034	3,034			
HAWAII	1	2	147,218	116,022	11,312	2,837	23,204
IDAHO	1	1	11,381	11,381			
ILLINOIS	6	13	220,168	145,515	6,346	2,075	12,957
INDIANA	1	2	27,784	24,902	70		2,346
IOWA		1	6,200				
KENTUCKY	1	4	33,635	16,678	130		1,339
LOUISIANA	1	3	23,682	9,041			175
MAINE		2	4,670				
MARYLAND	3	11	85,931	19,826	82	19,175	7,193
MASSACHUSETTS	3	10	167,935	129,138	3,979	4,086	4,126
MICHIGAN	8	10	222,316	204,547	1,375	62,613	3,923
MINNESOTA	1	10	405,495	32,147	4,008	332	13,778
MISSOURI	1	5	111,048	33,087	186		7,902
NEBRASKA	1	2	16,885	9,124	30		
NEW HAMPSHIRE	1	1	11,185	11,185	12		
NEW JERSEY	6	9	147,487	114,828	839		3,666
NEW MEXICO		2	18,527				4,876
NEW YORK	8	12	964,404	135,184	82,025	35,804	48,501
NORTH CAROLINA		1	33,819				
NORTH DAKOTA	1	1	2,803	2,803			
OHIO	3	12	242,508	142,188	6,127		7,025
OREGON	6	7	316,951	314,884	20,508	9,449	24,278
PENNSYLVANIA	6	10	136,960	123,562	623	1,154	7,316
RHODE ISLAND	1	4	34,918	30,779	1,290	138	2,407
SOUTH CAROLINA	1	1	5,654	5,654			
TEXAS	6	8	90,867	78,170	54		7,044
UTAH	1	2	27,928	26,027	1,407	5,065	1,779
WASHINGTON	1	7	387,767	16,800	27,828	6,945	44,068
WEST VIRGINIA	1	3	13,667	3,030	1,012		
WISCONSIN	2	16	397,856	16,951	208	744	917
GUAM	1	1	21,925	21,925			8,328

1/ NA

APPENDIX II

DEFINITION OF TERMS

DEFINITION OF TERMS USED IN THE NATIONAL HMO CENSUS

Age: Age of HMO members in years as of last birthday.

Ambulatory Services: Health services provided to plan members who are not confined to a health care institution. Ambulatory services are often referred to as "Outpatient" services, as distinct from "Inpatient" services.

Days - Discharge: All days of service rendered to each inpatient discharged during a given period. Exclude normal newborn inpatient days but include newborn days if the infant remained in the hospital after the mother's discharge. Note that discharge days for a given period of time are not equal to patient days for that period. Some portion of the days of care rendered to patients discharged during a period may have occurred prior to that period. Also, some patients receiving care during the period may not have been discharged as of the end of the period.

Days - Normal Newborn: All days of service rendered to normal or healthy newborn infants. Count only days from the newborn's birth until mother and infant's discharge. If infant remains in the hospital after the mother's discharge, these are counted in "Days - Discharge," see definition above. If infant is transferred from normal nursery to a speciality unit, these are also counted as "Days - Discharge."

Discharge: The formal release of an inpatient from a hospital; that is, termination of hospitalization by death or by disposition to a place such as residence, nursing home, or another hospital.

Encounter: A face-to-face contact between a plan member and a provider of health care services who exercises independent judgment in the care and provision of health service(s) to the member. The term "independent" is used synonymously with self-reliance to distinguish between providers who assume major responsibility for the care of individual members, and all other personnel who assist in providing that care.

FEHBP Membership: Members enrolled through a contract with the U.S. Office of Personnel Management under the Federal Employees Health Benefits Program.

HMO - Model Types:

> Group Practice or Closed Panel - An HMO that contracts with a medical group, partnership, or corporation composed of health professionals licensed to practice medicine or osteopathy as well as other health professionals necessary for the provision of health services. In a group practice arrangement, all physicians are usually located in one facility and are compensated on a capitation basis.

Individual Practice Association (IPA) or Foundation Model - An HMO that contracts with a partnership, corporation, or association whose major objective is to enter into contractual arrangements with health professionals for the delivery of health services. Unlike the group practice arrangement, the IPA organization provides services in a variety of locations, allowing physicians to work directly from their own offices and permitting the HMO members to retain the mode of delivery to which he may be accustomed. Physicians are usually compensated by the IPA on a fee-for-service arrangement.

Staff HMO - An HMO that delivers services through physicians who are on the staff of the HMO, i.e., are paid directly by the HMO and not through a physician organization or legal entity.

Individual Enrollment: The number of members who are enrolled directly by the HMO and who are billed and pay premiums directly to the HMO, i.e., not through a group contract (Non-group enrollment).

Member: An individual who has been enrolled as a subscriber or an eligible dependent of a subscriber and for whom the HMO has accepted the responsibility for the provision of health services as may be contracted for.

Member Month: For the purpose of this report, a member month is equivalent to one member for whom the HMO has recognized capitation-based premium revenue for one month. Where the revenue is recognized for only part of a month for a given individual, a pro-rated partial member may be counted for that month.

Operational Date: The date on which the Plan first offered services to an enrolled population on a prepaid basis.

Prepaid Health Care Plan: An organization that is responsible for actually providing or arranging for comprehensive health care services, including inpatient and ambulatory care at a minimum to an enrolled population on a prepaid capitated basis. The Plan may or may not be a Federally Qualified Plan.

Title XVIII Eligible: Those persons eligible for Medicare coverage.

Title XIX Enrollees: Those persons enrolled under a prepaid contract between an HMO and the appropriate State agency administering medical assistance under a State plan approved under Title XIX of the Social Security Act where that agency agrees to pay part or all of the member's financial obligation to the HMO.

Year Ending 6-30-80: Refers to the year 7-1-79 to 6-30-80.

APPENDIX III

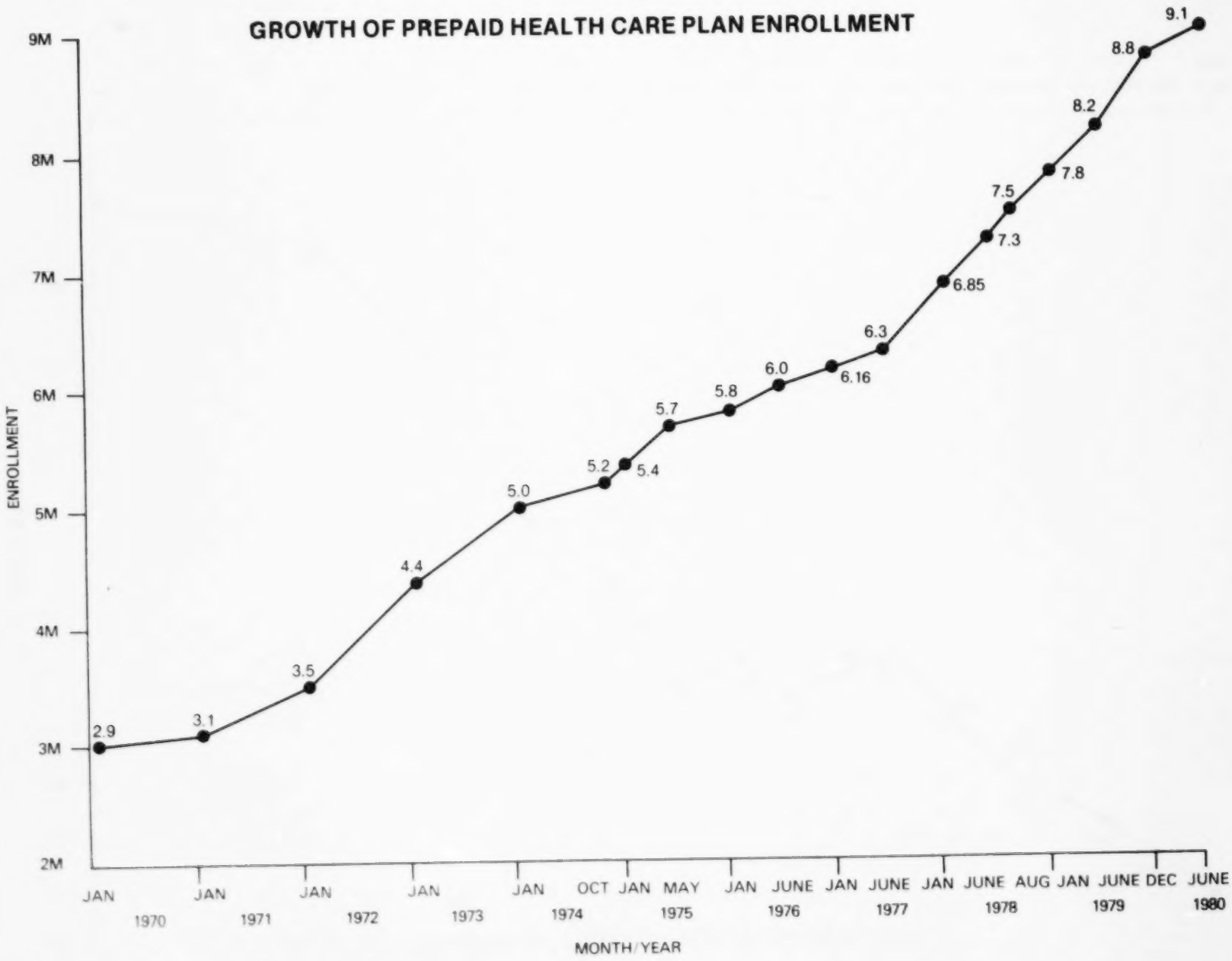
Map - Location of Prepaid Health Plans in the United States

Graph - Growth in Prepaid Plan Enrollment, 1970-1980

Graph - Growth in the Number of Prepaid Plans, 1970-1980

HMOs IN THE UNITED STATES

November 1980


GROWTH OF PREPAID HEALTH CARE PLAN ENROLLMENT
ENROLLMENT
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7M
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4M
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2.9
3.1
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5.8
6.0
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7.3
7.5
7.8
8.2
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JAN 1970
JAN 1971
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OCT 1974
JAN 1975
MAY 1975
JAN 1976
JUNE 1976
JAN 1977
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JAN 1978
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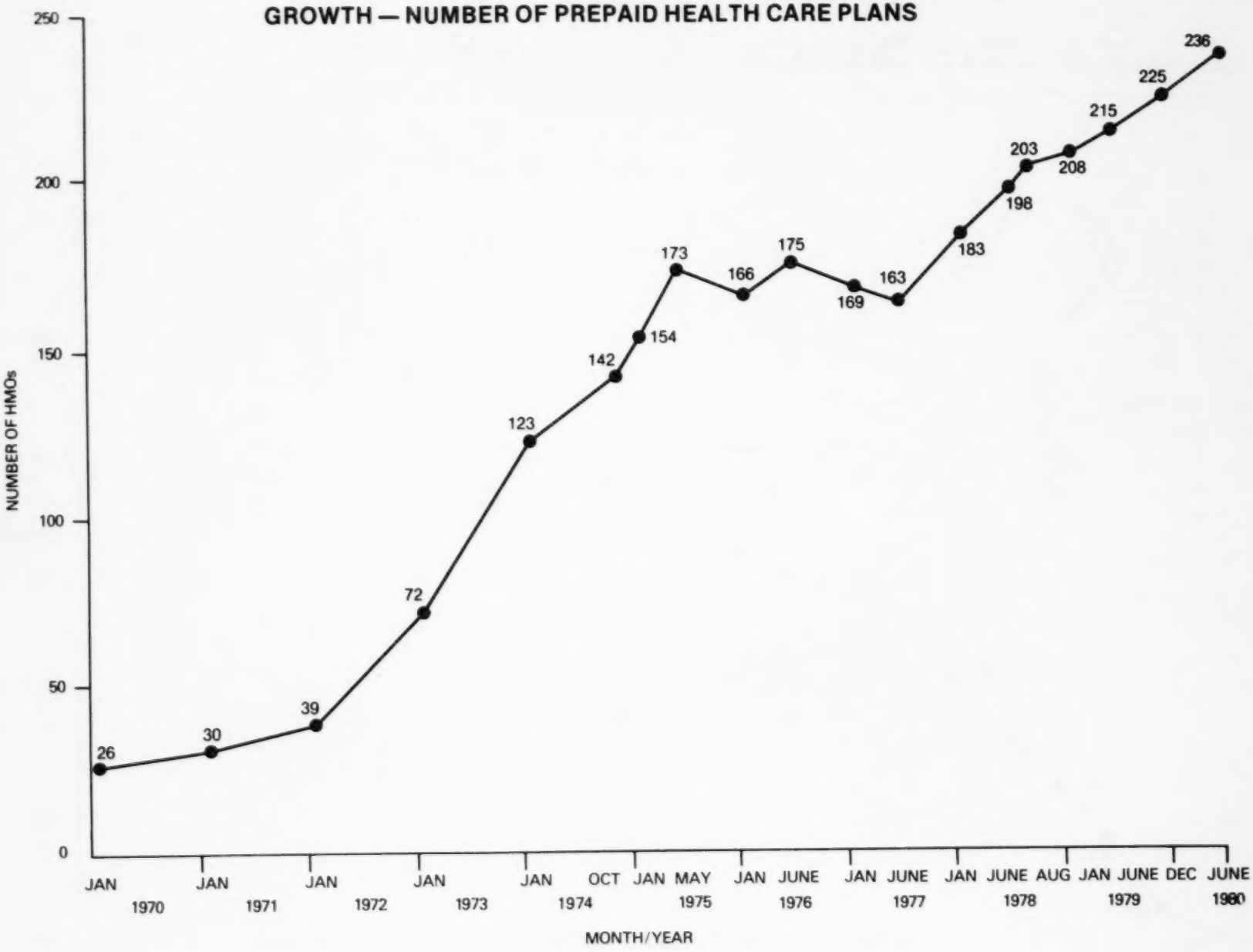

HMO

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Division of Program Promotion
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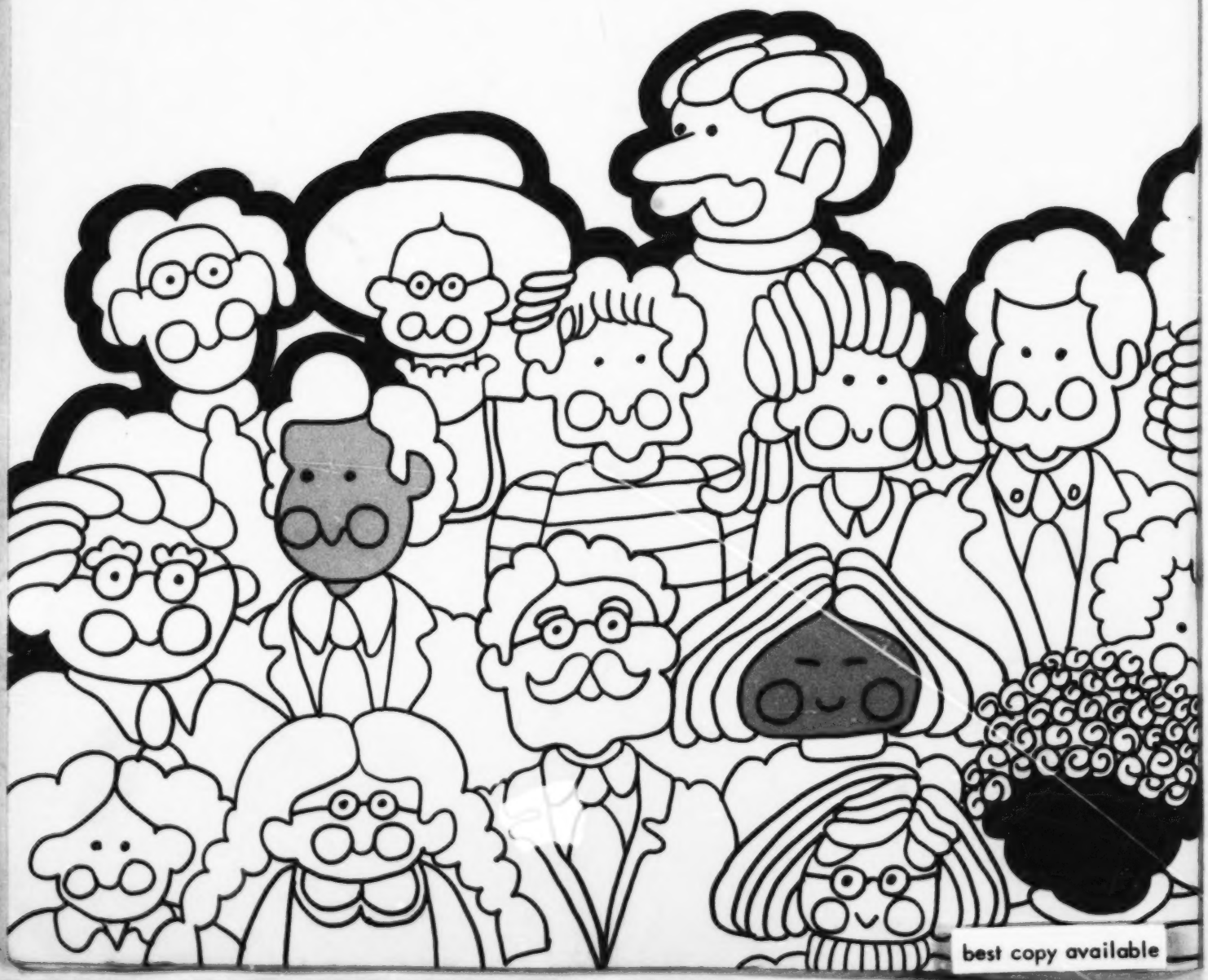

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